

An improved assembly (10) for steering and orienting a functional element (20) at the distal end of a catheter tube (30) which holds the functional element (20) with its major axis (24) aligned with the axis of the catheter tube (30) for convenient steering to a tissue site (28). The mechanism can also pivot the functional element (20) in response to an external force to orient the major axis (24) of the functional element (20) generally parallel to the plane of the tissue site (28), without bending the catheter tube (30).

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**ARTICULATED UNIDIRECTIONAL MICROWAVE
ANTENNA SYSTEMS FOR CARDIAC ABLATION**

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Field of the Invention

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The invention generally relates to cardiac ablation catheters and systems. In a more specific sense, the invention relates to catheters that use microwave energy to ablate ventricular and atrial tachycardia foci for the treatment and control of cardiac arrhythmias.

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Background of the Invention

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Physicians make use of catheters today in medical procedures to gain access into interior regions of the body to ablate tissue areas. It is important for the physician to be able to accurately steer the catheter to the ablation site. Once at the site, it is important for the physician to control the emission of energy within the body used to ablate the tissue.

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The need for accurate steering and precise control over the catheter is especially critical dur-

ing procedures that ablate tissue within the heart. These procedures, called electrophysiology therapy, are becoming increasingly more widespread for treating cardiac rhythm disturbances, called arrhythmias.

5 During these procedures, a physician steers a catheter through a main vein or artery (which is typically the femoral artery) into the interior region of the heart that is to be treated. The physician then further manipulates a steering mechanism to place
10 the electrode carried on the distal tip of the catheter into direct contact with the tissue that is to be ablated. The physician directs radio frequency (RF) energy from the electrode tip through the tissue to an indifferent electrode to ablate the tissue and form a
15 lesion.

Some clinicians have suggested the use of microwave energy for cardiac ablation. For example, Langberg U.S. Patent 4,945,915 proposes the use of a
20 helical microwave antenna fed by a coaxial line to thermally ablate cardiac tissue. The radiation heating patterns that microwave energy propagate can, in theory at least, form lesions that are deeper than the lesions formed by the conductive heating patterns generated by conventional RF energy.

25 The ability of microwave energy to form deeper lesions also raises challenges in antenna system design. To gain all the benefits of using microwave energy, the clinician must be able to control the distribution of heating patterns propagated at the
30 intended lesion site.

A microwave antenna generates an electromagnetic field that radiates in a radial plane, perpendicular to the axis of the antenna. The radial field has only minimal intensity forward of the tip of the
35 antenna.

5 The radial field orientation of a microwave antenna is not well suited for use in conventional cardiac ablation procedures. In cardiac ablation using RF, the physician is accustomed to placing the ablation electrode tip down upon the ablation site, i.e., perpendicular to the site. Orienting a microwave antenna in this manner directs only a small percentage of the energy field upon the ablation site. Most of the energy radiates into the blood pool and serves no useful purpose. The benefits of microwave energy ablation are lost.

10 Ablation systems and processes using microwave energy will not find widespread clinical use, if they cannot be made and controlled to direct the major portion of the radial electromagnetic field upon the ablation site. They will also fail to find widespread use, if the microwave antenna cannot be conveniently steered and positioned to the proper orientation at desired ablation site.

15 Summary of the Invention

20 One aspect of the invention provides a unidirectional microwave ablation antenna for use in cardiac ablation. The antenna includes a main conductor, a ground plane conductor, and a dielectric material sandwiched between the main conductor and the ground plane conductor. The antenna propagates an electromagnetic field in a single direction radially from the main conductor.

25 Because all the power supplied to the antenna is directed in a single direction, the power applied to the tissue is effectively doubled, when compared to an omnidirectional antenna. Furthermore, the unidirectional antenna minimizes the exposure of the surrounding blood pool to the electromagnetic field, because the dielectric material blocks propagation of

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the field radially from the ground conductor layer. Undesired effects of blood heating, like coagulation, are thereby minimized.

5 Another aspect of the invention provides an end assembly attachable to the distal end of a catheter tube. The assembly includes a functional element having a major axis that comprises a unidirectional microwave antenna. The unidirectional antenna is supported at the distal end of the catheter tube. The support includes a mechanism for holding the unidirectional antenna with its major axis aligned with the axis of the catheter tube for steering to a tissue site. The mechanism also serves to pivot the unidirectional antenna in response to an external force to orient the major axis of the antenna generally parallel to the plane of the tissue site without bending the catheter tube.

10 In a preferred embodiment, the pivot mechanism is restricted to a predefined field of movement that assures that the unidirectional antenna field is always correctly oriented toward the tissue site for ablation.

15 The pivot mechanism allows the user to lay the major axis of the unidirectional antenna parallel to the ablation site. In this orientation, the ablation site is exposed to the full radial field propagated by the antenna.

Brief Description of the Drawings

20 Fig. 1 is a perspective view of a catheter having an end assembly that embodies the features of the invention, with the end assembly holding the major axis of the associated functional element in a position axially aligned with the axis of the catheter body;

25 Figs. 2 and 3 are perspective views the end

assembly shown in Fig. 1 with it pivoted to lay the major axis of the associated functional element against the tissue;

5 Fig. 4 is a sectional view of the end assembly taken generally along line 4-4 in Fig. 1;

Fig. 5 is a side section view of the end assembly positioned as shown in Fig. 1;

Fig. 6 is a side section view of the end assembly positioned as shown in Figs. 2 and 3;

10 Figs. 7 and 8 are side section view of an embodiment of the end assembly having an associated steering mechanism;

Fig. 9 is a perspective view of the end assembly and associated steering mechanism;

15 Fig. 10 is side section view of an embodiment of the end assembly having an associated pivot detent mechanism;

20 Fig. 11 is a perspective view of an embodiment of an end assembly in association with a unidirectional antenna element; and

Fig. 12 is a section view of the unidirectional antenna element taken generally along line 12-12 in Fig. 11.

Description of the Preferred Embodiments

25 Fig. 1 shows an articulated antenna assembly 10 that embodies the features of the invention. The antenna assembly 10 is located at the distal end of a catheter 12.

30 The catheter 12 includes a handle 14 (shown diagrammatically in Fig. 9) and a guide body 16. The guide body 16 is flexible with its proximal end attached to the handle 14. The antenna assembly 10 is attached to the distal end of the guide body 16.

35 In use, the catheter provides electrophysiology therapy in the interior regions of the heart.

When used for this purpose, a physician grips the handle 14 and maneuvers the guide body 12 through a main vein or artery (which is typically the femoral arterial) into the interior region of the heart that is to be treated. The physician then further steers the antenna assembly 10 to place it in contact with the tissue that is to be ablated. The physician directs energy to the antenna assembly 10 to ablate the tissue contacted.

In the illustrated embodiment shown in Figs. 1 to 9, the antenna assembly includes a helical microwave antenna 18 (best shown in Figs. 5 and 6). The antenna 18 is encapsulated in a potting compound 20. Preferably, the potting compound 20 includes a material (like diamond or sapphire) that has the combined characteristics of (i) a high dielectric constant; (ii) low microwave energy loss; and (iii) high thermal conductivity. The compound 20 provides a high dielectric constant for the antenna 18. By minimizing the loss of microwave energy by the antenna 18, the compound 20 also maximizes the propagation of the desired radiation heating patterns about the antenna 18. The compound 20 has high thermal conductivity that dissipates any undesirable conductive heat patterns about the antenna 18.

Further details of the compound 20 are found in copending patent application entitled "Steerable Microwave Antenna Systems For Cardiac Ablation that Minimize Tissue Damage and Blood Coagulation Due to Conductive Heating Patterns," which shares the same filing date and assignee as this application.

The microwave antenna 18 propagates an electromagnetic field 22 that radiates in a plane perpendicular to the major axis 24 of the antenna 18 (as Fig. 2 diagrammatically shows in phantom lines).

There is very little field propagation forward of the distal tip of the antenna 18.

5 According to one aspect of the invention, the antenna assembly 10 includes means 26 for pivoting the antenna 18 relative to the end of the guide body 12 without bending the guide body 12. The pivot means 26 orients the antenna 18 so that its major axis 24 lays generally parallel to the surface of the tissue 28 to be ablated. This orientation exposes the tissue 10 28 to the maximum intensity of the radial field 22 the antenna 18 propagates.

15 The pivot means 26 can be variously constructed. In the illustrated embodiment, the pivot means 26 takes the form of an articulated jointed assembly attached to the distal end of the guide body 12. The jointed assembly 26 includes a socket housing 30 and a ball 32 pivotally carried within the socket 30.

20 The antenna assembly 10 includes a coaxial cable 34 that extends within the guide body 12, into the socket housing 30, and through a passage 36 within the ball 32 for attachment to the antenna 18. The coaxial cable 34 has three, functionally different regions 38, 40, and 42.

25 The first region 38 constitutes the majority of the coaxial cable. It is enclosed within an outer insulation sheath 44 and runs along the guide body 16. In a preferred embodiment, the sheath 44 has an outer diameter of about .06 inch.

30 In the second region 40, the outer sheath 44 is absent, leaving a metallic mesh shield 46 that surrounds the core conductor wire 48. In an preferred embodiment, the mesh shield 46 has an outer diameter of about .054 inch. The second region 40 extends into 35 the socket housing 30 and within the ball passage 36.

With the removal of the relatively bulky outer sheath 44, the second region 40 is significantly more flexible than the first region 38 and accommodates movement of the ball 32 within the socket housing 30 (as Fig. 6 shows).

The third region 42 is at the distal end of the cable 34. It passes from the ball passage 36 and joins the helical antenna 18. There is no surrounding sheath 44 or shield 46 in the third region 42, leaving the core conductor 48 of the cable 34 exposed.

In a preferred embodiment, the core conductor 48 is silver coated copper having an outer diameter of about .018 inch. With the antenna 18, the third region 42 is encapsulated within the compound 20.

A shaft 50 joins the compound-encapsulated antenna 18 to the ball 32 for unified pivotal movement in a continuous multidirectional field.

The user can pivot the compound-encapsulated antenna 18 by placing its distal tip 52 against the ablation site and applying a lateral force upon the catheter guide body 12 (see Fig. 1). With the tip 52 against the tissue, the lateral force will cause the compound-encapsulated antenna 18 to pivot and lay flat against the tissue 28 at the ablation site, without otherwise bending the guide body 12.

As shown in Figs. 1 to 3, the jointed assembly 26 accommodates pivotal movement in any plane. When pivoted, the compound encapsulated antenna 18 will lay either as shown in Fig. 2 or as shown in Fig. 3, depending upon the topography of the adjacent tissue 28.

In a preferred arrangement, the jointed assembly 26 also includes a steering mechanism 54 for pivoting the ball 32 without the need to apply lateral

force on the guide body 12.

The steering mechanism 54 can be variously constructed. In the illustrated embodiment, the steering mechanism 54 includes four steering wires 56 that are attached to the ball shaft 50 at 90 degree intervals. The steering wires 56 are retained in recessed grooves 58 in the ball 32.

As Figs. 7 to 9 shown, the steering wires 56 extend from the shaft 50, through the grooves 58 and the guide body 12 to join a remote steering lever 60 on the catheter handle 14.

In this arrangement, the user can move the steering lever 60 up, down, left, and right and pivot the ball 32 to move of the compound-encapsulated antenna 18 in the same direction. As before, this pivotal movement occurs without bending the catheter guide body 12.

Fig. 10 shows another embodiment of the jointed assembly 26. In this embodiment, the ball 32 includes detents 62 formed at preselected pivot positions. The socket housing 30 includes bearings 64 that are biased by washers 66 to nest within the detents 62. The nesting between the bearings 64 and the detents 62 retains the ball 32 in a series of predefined pivot positions. Additional pivot force upon the ball 32 releases the nested bearings 64 and detents 62. In this way, the user can pivot the compound-encapsulated antenna 18 within a range of preselected positions.

Fig. 11 shows another embodiment of a steerable antenna assembly 10' that embodies the features of the invention. The assembly in Fig. 11 includes a unidirectional microwave antenna 18'.

The unidirectional antenna 18' comprises a sandwich of three layers that are encapsulated in the

compound 20. The first layer 68 comprises the core conductor 48 of the coaxial cable 34 (i.e., its third region 42). The second layer 70 is a dielectric material, called the dielectric plane. The third layer 72 is an energy conducting ground plane.

As Figs. 11 and 12 show, the antenna 18' propagates an electromagnetic field 22' that radiates in a single direction from the major axis 24' of the core conductor 48. There will be little, if any, field emission radially from the ground plane 72, as well as forward of the tip 52 of the antenna 18'.

Preferable, the antenna assembly 10' also includes a unidirectional pivot mechanism 74 for assuring that the antenna 18' is properly oriented with respect to the ablation site. In the illustrated embodiment, the unidirectional pivot mechanism 74 includes a jointed assembly comprising a socket housing 76 and a ball 78 like that previously described. However, unlike the fully articulated jointed assembly 26 shown in Figs. 1 to 3, the jointed 74 assembly in Fig. 11 is restricted to movement in a single range of positions.

In Fig. 11, the shaft 80 of the ball 78 is retained within a partial slot 82. The partial slot 82 allows pivotal movement of the ball 78 within the socket housing 76 only in a plane that will orient the unidirectional antenna 18' upon the tissue with its conductor core 48 facing the tissue. This aims the unidirectional field of the antenna 18' solely at the ablation site. Because all the power supplied to the antenna 18' is directed in a single direction, the power applied to the tissue is effectively doubled, when compared to an omnidirectional antenna 18, like that shown in Figs. 5 and 6. Furthermore, the unidirectional antenna 18' minimizes the exposure of the

surrounding blood pool to the electromagnetic field, because the dielectric plane 70 blocks propagation of the field radially from the ground conductor layer 72. Undesired effects of blood heating, like coagulation, are thereby minimized.

It should be appreciated that other microwave antenna structures (for example, an omnidirectional whip antenna) can be similarly attached to a pivot assembly at the end of a catheter to achieve the benefits of the invention.

The inventions provide a steerable microwave antenna assembly that maximizes the propagation of radiation heating patterns for deep lesion formation.

The inventions are also applicable for supporting any functional element at the distal end of the catheter body 12. For example, instead of supporting a microwave antenna 18, the joint assembly can support other active elements or electrodes for tissue ablation using RF, laser, and the like. The joint assembly can also support passive monitoring elements, like one or more mapping electrodes, MAP elements, or ultrasound electrodes.

Whatever the particular function of the distal element may be, the joint assembly holds the functional element with its major axis aligned with the major axis of the catheter body 12 for convenient steering to the tissue site. The joint assembly then pivots the functional element in response to an external force to orient its major axis generally parallel to the plane of the tissue site without bending the catheter body 12.

Various features and benefits of the inventions are set forth in the following claims.

The Claims

1. A unidirectional microwave ablation antenna comprising

a main conductor,

a ground plane conductor, and

a dielectric material sandwiched between the main conductor and the ground plane conductor to restrict the propagation of the electromagnetic field by the main conductor in a single direction radially away from the dielectric material.

2. An end assembly attachable to the distal end of a catheter tube comprising

a functional element having a major axis comprising a unidirectional microwave antenna, and

means for supporting the functional element at the distal end of the catheter tube and including means for holding the functional element with its major axis aligned with the axis of the catheter tube for steering to a tissue site and for pivoting the functional element in response to an external force to orient the major axis of the functional element generally parallel to the plane of the tissue site without bending the catheter tube.

3. An assembly according to claim 2 and further including means for restricting the pivot means to a predefined field of movement that directs the unidirection antenna field toward the tissue site for ablation.

4. An assembly according to claim 2 wherein the pivot means includes a ball and socket joint.

5. An assembly according to claim 2 and further including means connected to the pivot means and to a remote actuator mechanism accessible to the user for applying the external force.

6. An assembly according to claim 2
and further including means for restricting
the pivot means to a predefined field of movement.

7. An assembly according to claim 2
and further including means for releasable
retaining the pivot means in at least one preselected
position.

8. A unidirection microwave ablation an-
tenna assembly comprising

an antenna element including a main conduc-
tor having a major axis, a ground plane conductor, and
a dielectric material sandwiched between the main con-
ductor and the ground plane conductor to restrict the
propagation of the electromagnetic field by the main
conductor in a single direction radially of the major
axis and away from the dielectric material, and

means for supporting the antenna element at
the distal end of a catheter tube and including means
for holding the antenna element with its major axis
aligned with the axis of the catheter tube for steer-
ing to a tissue site and for pivoting the antenna ele-
ment in response to an external force to orient the
major axis of the antenna element generally parallel
to the plane of the tissue site with the main conduc-
tor facing the tissue site.

9. An assembly according to claim 8
and further including means for restricting
the pivot means to a predefined field of movement that
only directs the main conductor toward the tissue site
for ablation.

FIG. 4

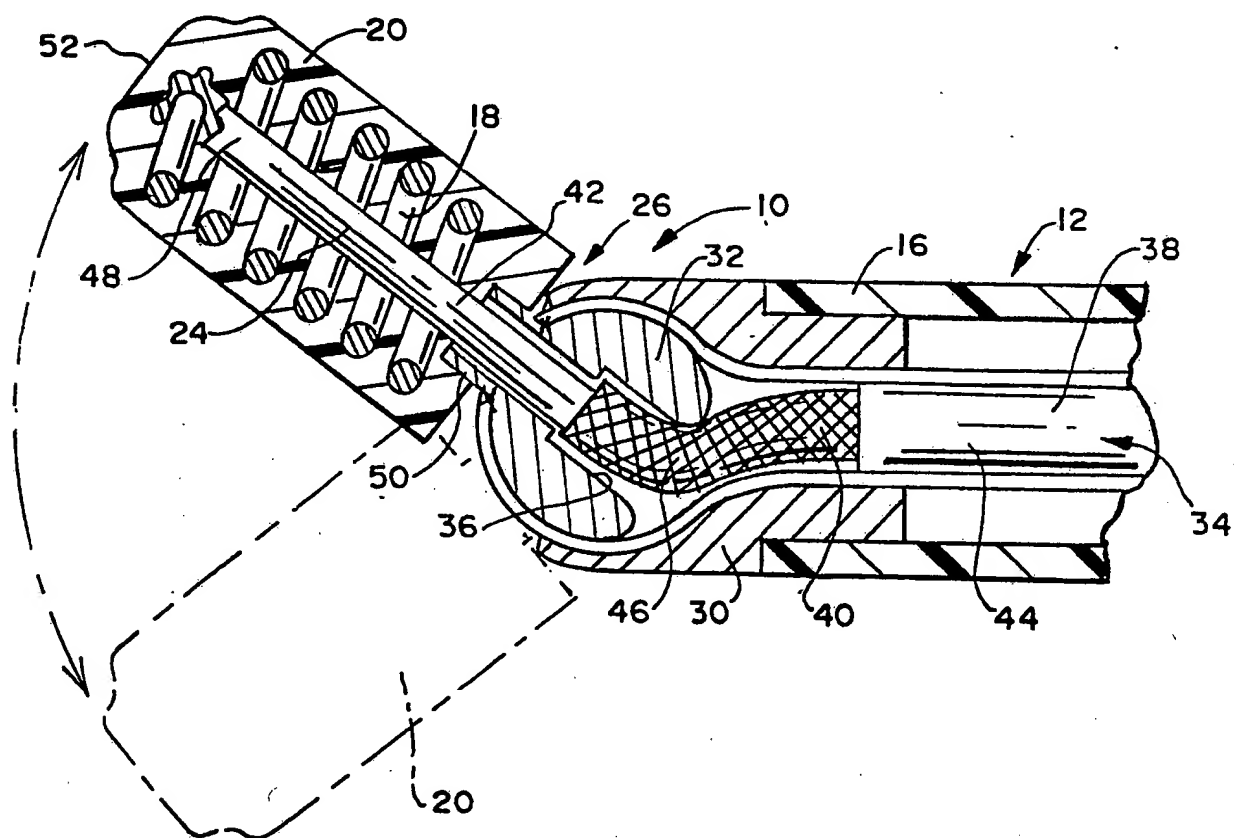
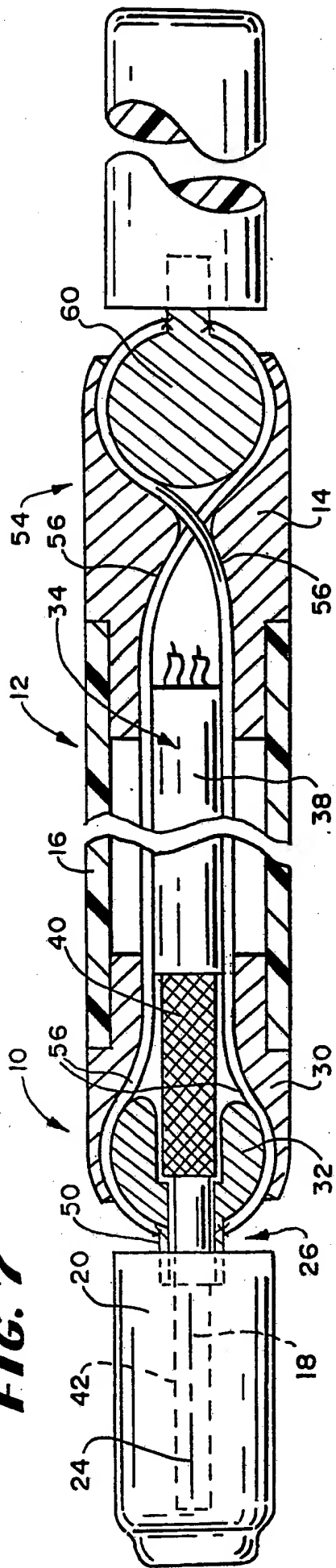
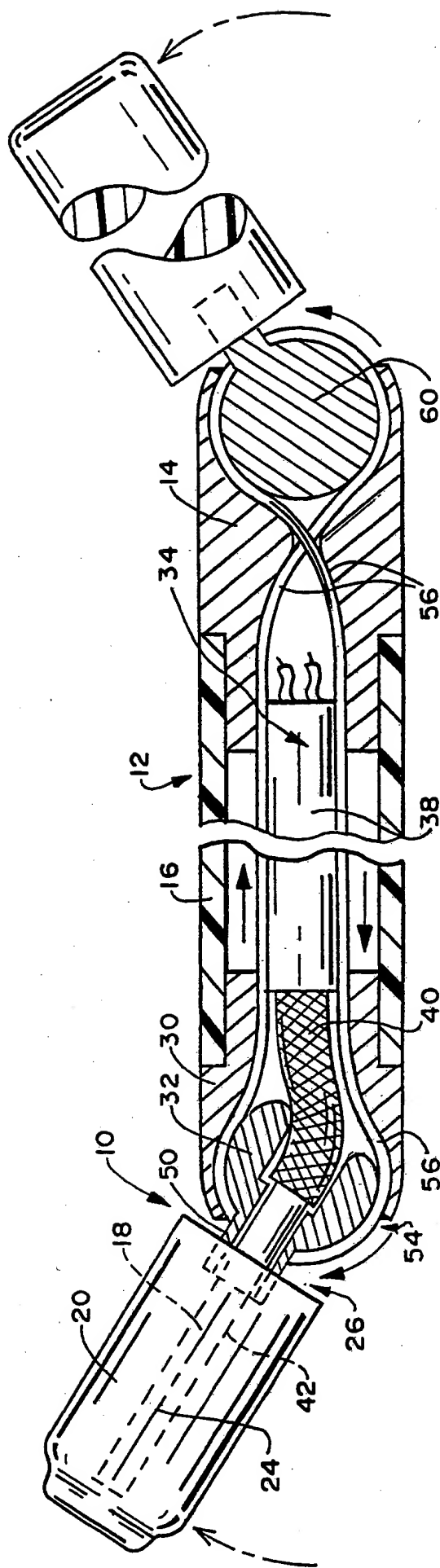


FIG. 7



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FIG. 8



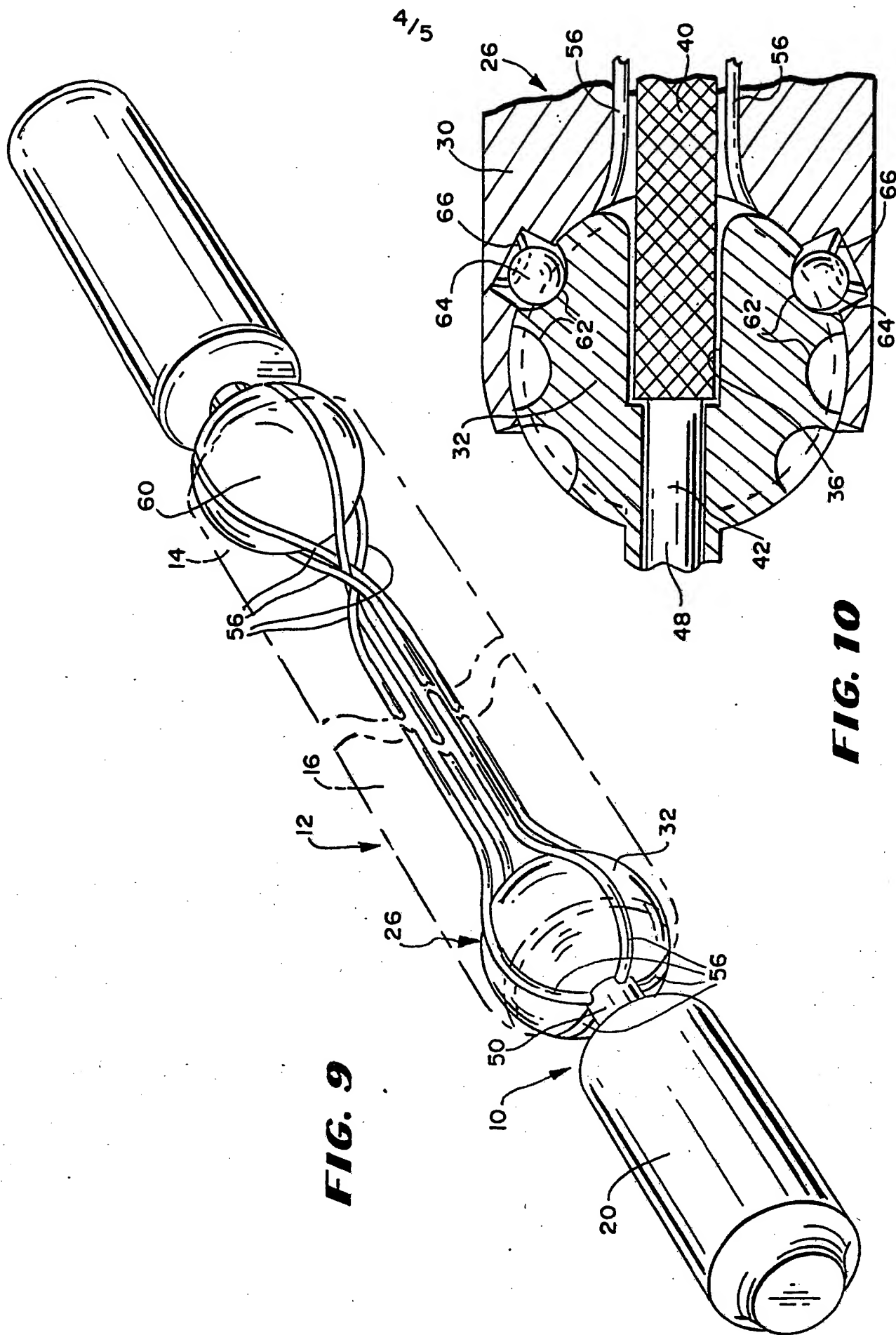
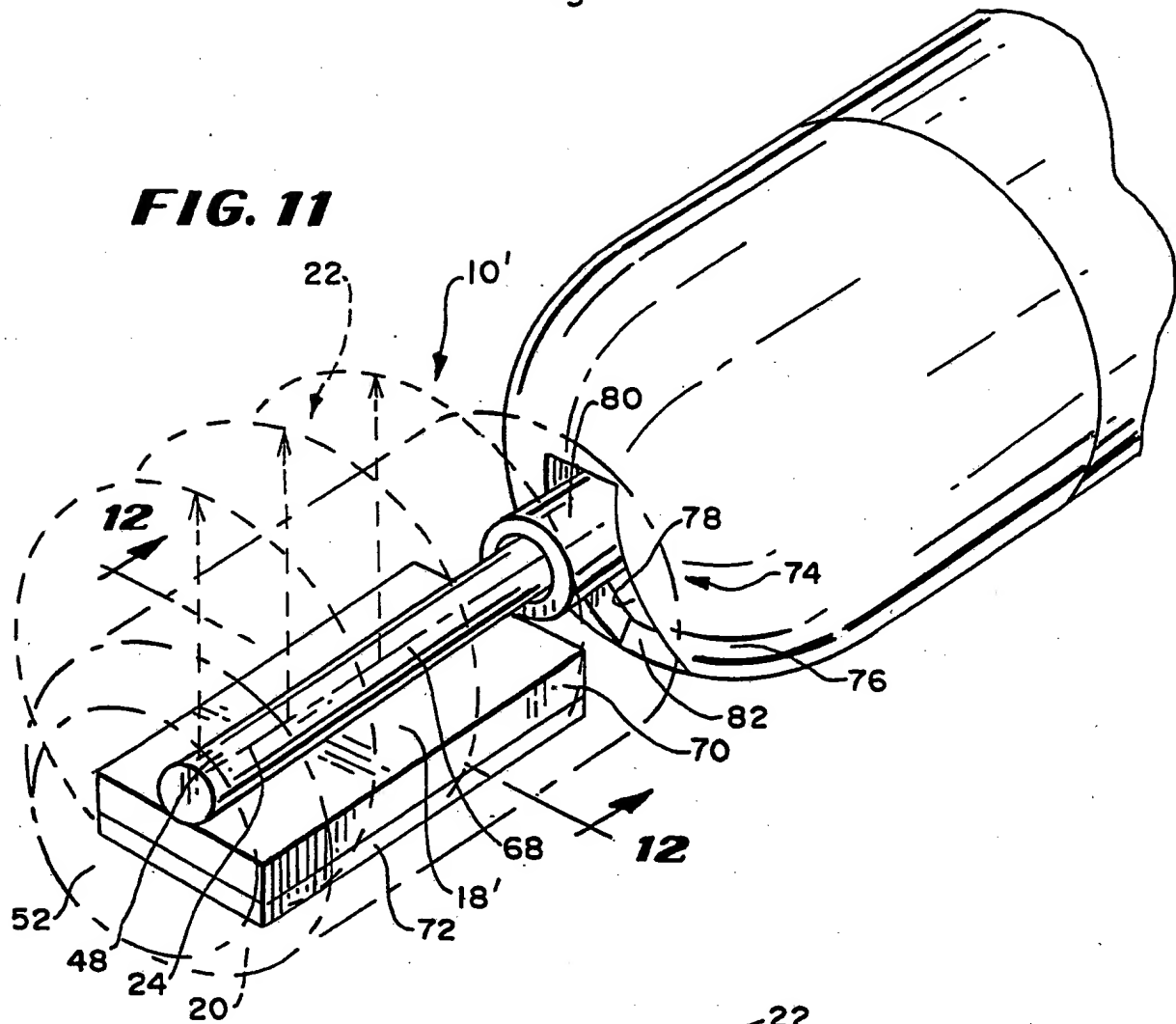
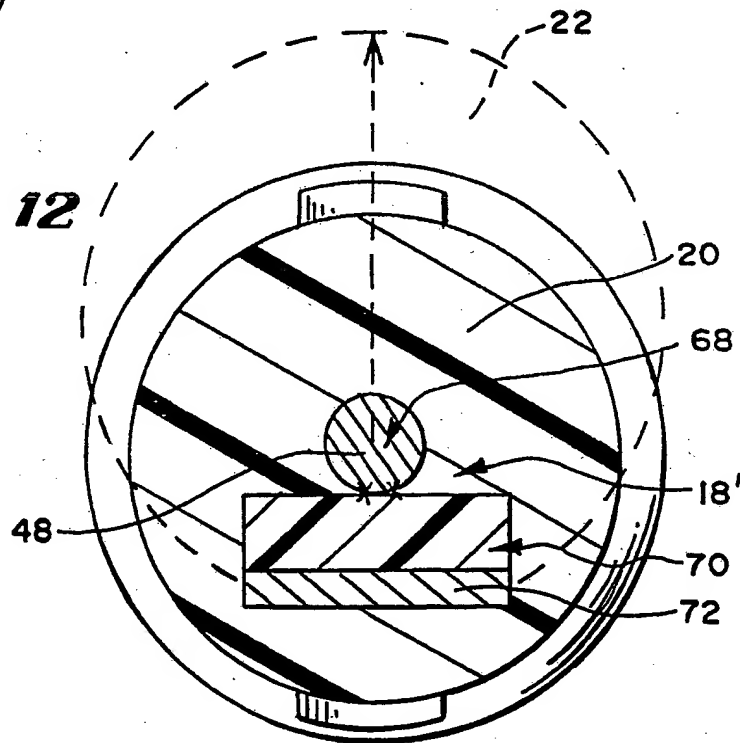


FIG. 9

FIG. 10

FIG. 11**FIG. 12**

A. CLASSIFICATION OF SUBJECT MATTER

IPC(5) :A61B 17/36, A61N 5/02

US CL :128/786,804

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 128/786,804 128/783,784,786,804,399; 604/21,22,95,96; 606/33,34,41,7

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

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APS Search: 18 November 1992

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
<u>X</u> Y	US,A, 4,409,993 (Furihata) 18 October 1983 See the entire document.	<u>1-3,5-9</u> 4
Y	US,A, 4,445,892 (Hussein et al.) 01 May 1984 See Fig. 7 and Col. 5, lines 14-26.	4

☐ Further documents are listed in the continuation of Box C.
 ☐ See patent family annex.

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Date of the actual completion of the international search

25 MAY 1993

Date of mailing of the international search report

28 JUL 1993

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